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CONFIRMATION NO. 7987

<b>SERIAL NUMBER</b> 10/723,982	<b>FILING OR 371(c) DATE</b> 11/26/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1657	<b>ATTORNEY DOCKET NO.</b> 022956-0237
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

NONE

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 03/01/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 6	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature Initials				

## ADDRESS

21125

## TITLE

Conformable tissue repair implant capable of injection delivery

<b>FILING FEE RECEIVED</b> 1314	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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